

Figure 3 44 96. Expense Code -76 Pop-up 92 Initiate SSP Search LMR Bill LMR Bill Pop-up Page (create) Detail Page ICD-9 94 26 Pop-up 98-Service Code Pop-up -78 84 14 DOS Pop-up Page PBAS General Page Bill Initial Bill (create) Detail Page ICD-9 Pop-up 102--100 -80 Bill Detail Page Bill Submission Search **Bill Submission** Search Results (search) -+> Page Page **Payment** Detail Page 82 Void Bill Page 104

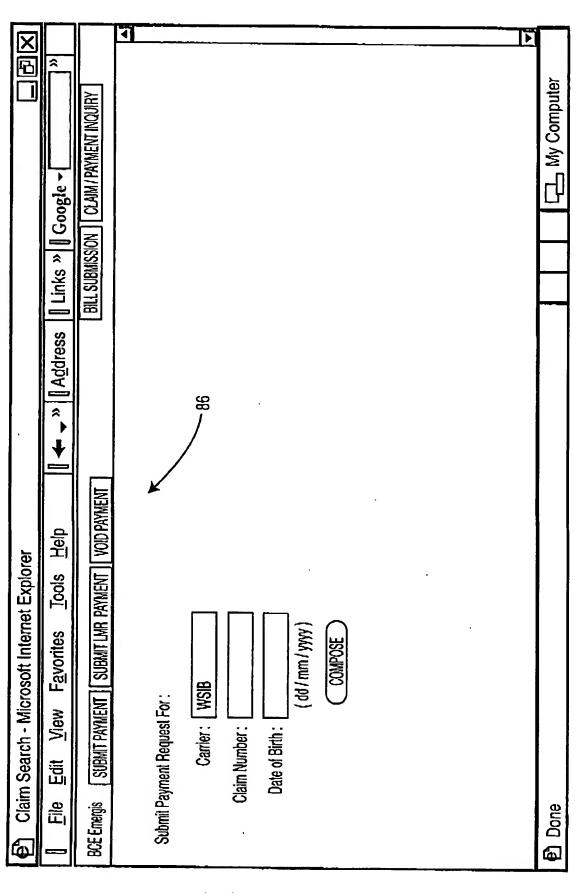


Figure 5A

1		····							-				•			_		-				_
BILL SUBMISSION BILL / PAYMENT INQUIRY	A.)2)2 —— 91	Charges	\$ 18.74		\$ 18.74	\$ 18.74	\$ 18.74	•	\$ 18.74	•	\$ 18.74	\$ 18.74	\$ 18.74	\$ 18.74	\$ 18.74			\$ 20.00			\$ 20.00
AISSION BILL	Invoice Reference #: 1234 May	Date of Birth : 02-May-1902 Date of Accident : 02-May-2002	Units	1-	_	_	-	_	_	-	~	88	 I	_	_	-	~	- -	•	_	_	_
BILL SUBA	Invoice Refe	Date of B Date of Aocid	Type	Health	Health	Health	Health	Health	Health	Health	Health			Health	Health	Health	Health	Health	Health	Health	Health	Health
	Sonfirmalion		POS	Code: 115	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111
BILL PAYMENT STATUS	Health Paymenl Request Confirmation	89	Dale of Service	03 / 04 / 2002	05 / 04 / 2002	07 / 04 / 2002	09 / 04 / 2002	11 / 04 / 2002	9	15 / 04 / 2002	17 / 04 / 2002	19 / 04 / 2002	21 / 04 / 2002	23 / 04 / 2002	25 / 04 / 2002	8/	03 / 05 / 2002	05 / 05 / 2002	07 / 05 / 2002	09 / 05 / 2002	11/05/2002	13/05/2002
	87		6-02)	Code: 111	Code: 115	Code: 111	Code: 111	Code: 222	Code: 222	Code : 222	Code: 222	Code: 222	Code: 222									
INT VOID PAYMEN	Provider Number: P111~	Claim Number: Patient Surname: P Patient Given Name: P	Modifier	Code: 111	Code: 111	Code: 115	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111	Code: 111
SUBMIT PAYMENT	malion	tion :	Service Code	SSCode - 111	SSCode - 111	SSCode - 111	SSCode - 11	SSCode - 111	SSCode - fff	SSCode - 111	SSCode · 111	SSCode - 111	SSCode - 111	SSCode - 11)	SSCode - 111	SSCode - 111	SSCode - 111	SSCode - 111				
BCE Emergis	Provider Information	Claim Information :	Bill Line flems No.	-	2	က	~	₽,	တ	7	∞	о	2	=	- 12	<u>e</u>	7		94		\$	62

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Figure 5B

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	8	SSCode · 111	Code: 111	Code: 222	15 / 05 / 2002	Code : 111	Health	-	UU UC \$		
_	≂	SSCode · 111	Code: 111	Code 222	17 / 05 / 2002	Code : 111	Hoolifi	- +	\$ 20.00 \$ 20.00		
	2	SSCade . 111	Code - 111	Codo - 922	10 / 05 / 2002	Code : 131	14001		00.00		
•••	; 8	11 ACCOUNT.	900	0005 . 444	Z007 / C0 / 61		Leal	_	00.0Z ♦		
_	ন্ত্ৰ :	25C006 - 111	Code: 111	Code: 222	21 / 05 / 2002	Code: 111	Health	_	\$ 20.00		
	≉	SSCode - 111	Code: 111	Code: 222	23 / 05 / 2002	Code: 111	Health	_	\$ 20.00		
	ध	SSCode - 111	Code: 111	Code: 222	25 / 05 / 2002	Code: 111	Health	• 🕶	00 00		
	æ	SSCode - 111	Code: 111	Code: 222	27 / 05 / 2002	Code : 111	Health		\$ 00.00 00.00		
	12	SSCode - 111	Code : 111	Cade - 222	29 / 05 / 2002	Code : 111	Health		\$ 50.00 \$ 00.00		
_				77.	7007 COO 7	- SONO		_	6 20.00		
	≈	SSCode - 111	Code: 111	Code: 222	31 / 05 / 2002	Code: 111	Health	-	\$ 20.00		
ळ	Subrail for Payment	ayment						Total Charg	Total Charges: \$ 543.62		
프	s an offenc	It is an offence to deliberately make false statements to Workplace Safety & Insurance Board	ce false statements to	Workplace Safety &	Insurance Board.						
<u>=</u>	ereby cerli	hereby certify that the information being submitted is true correct and complete.	n being submitted is t	rue correct and com	plete.						
_						EXIT					
	1			J						>	
										=	

Figure 6

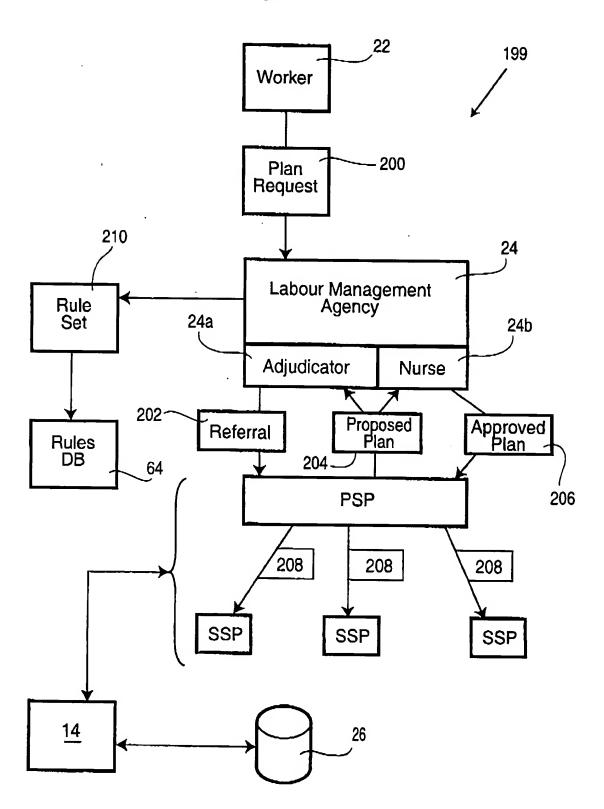


Figure 7

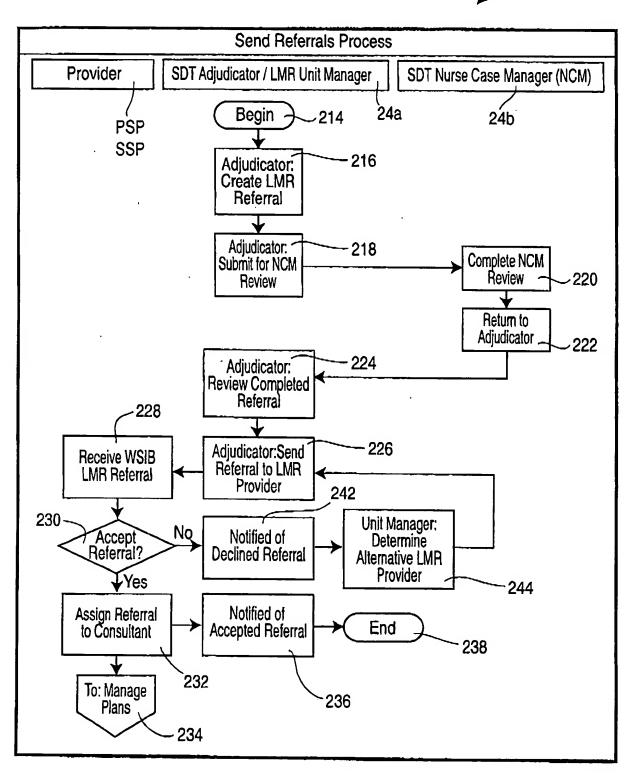
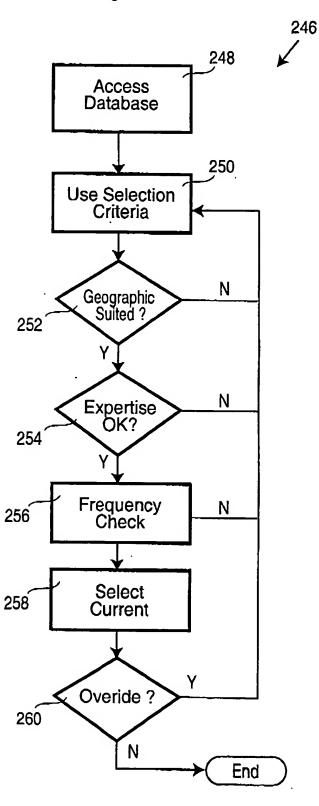
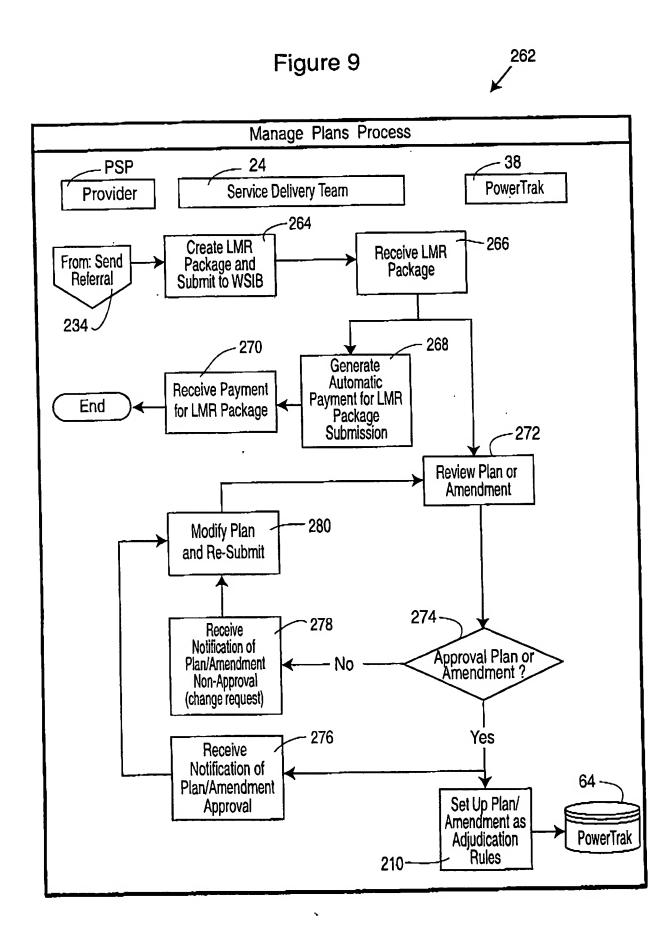


Figure 8





PBAS HONE EXCEPTIONS MANAGEMENT LIAR PLAN MANAGEMENT CLAIM / PAYMENT INQUIRY	REFERRAL DETAILS (LMR PROVIDER DETAILS	Claim #: 1045 Worker Name (last): Sing Worker Name (first): Sarah Date of Accident: 04 / 04 / 2000 (mm / dd / yyyy)	Telephone: 416-555-1234 Gender: Female Date of Birth: 10 / 06 / 1971 First Language: [English	Interpreter:	% Permanant Disability: 0 % NEL: 5	Telephone Number :	EXIT PRINT VIEW
CASEATE LAIR REFERRAL REFERRA	NCM REVIEW	Referral ID: 1111 Referral Status: Pending Date Sent: Date Accepted:	Address: 77 Sarasota Street	Postal Code: S1S 6S6	Injury / Diagnosis :	If Applicable Worker's Representative :	SAVE SUBMIT

CLAW / PAYMENT INQUIRY PBAS HONE | EXCEPTIONS MANAGEMENT | LNIRPLAN MANAGEMENT Figure 11

Address: 5090 Explorer Drive City: Mississauga Employment Type: Full time Postal Code: M2J 1K3 Worker Name (first): Sarah Date of Accident: 513 Claim #: 1045 Worker Name (last): Sing Weekly WSIB Benefits: 345 Firm: 111 WSIB Mediation Services Used? If 'Other', Specify: Pre-90 Target Wage: PRINT VIEW REFERRAL DETAILS (LMR PROVIDER DETAILS) K SCBMT Sysate unr referral | retrieve liar referral | retrieve liar package CEMPLOYALENT PROFILE PHYSICAL PRECAUTIONS Pre-Injury Job Title: Clerical Supervisor Telephone: 416-223-4444 Contact Person Telephone: | 416-222-4423 Fax: 905-232-1245 Accident Employer: BCE Emergis Contact Person: Peter Wilson SAKE Referral Status: Pending Referral ID: 1111 Pre-Injury NOC: 721 Pre-Injury Hourly Wage: 10 Pre-Injury Hours per Week: 40 Retum to work Negotiations? ✓ ✓ (With Accident Employer) Date Sent: Date Accepted: Gross Escalated Pre-Accident Earnings:

MANACEHEAT I O BILL A DAVIERT RANGED	LWISTLAN MANAGEMENT CLAIM I PATMENT INCUINT				Standing	☐ Handling ☑									
		ROVIDER DETAILS	Claim #: 1045 ne (last): Sing ne (first): Sarah locident: 04 / 04 / 2000 1/ yyyy)	that apply	Sitting Crawling		of the values					ार			PRINTVIEW
	긔	REFERRAL DETAILS (LAM PROVIDER DETAILS	Claim #: Worker Name (last): Worker Name (first): Date of Accident: (mm / dd / yyyy)	Activities / Precautions (Related to Compensable Permanent Impairments), Check all that apply	Pushing Crouching	Bending <	Climbing: Select one of the values	Date Discussed:			ments	<u> </u>	NCM Desk:		SUBMIT EXIT
	RETRIEVE LAR PACKAGE	PHYSICAL PRECAUTIONS R		ensable Permanent				Day			; no repetitive move				SAVE SU
	TRIEVE LAR REFERRAL	_	D: 1111 s: Pending nt:	(Related to Compo	Carrying Kneeling	Psychological	one of the values	with Worker:		utions:	ot against resistance weights (i.e. 10kg+)		Betty Boo	416-344-2222	
	CREATE UMR REFERRAL PRETRIEVE LAIR REFERRAL	WORKER DETAILS ENPLOYMENT PROFILE	Referral ID: 1111 Referral Status: Pend Date Sent: Date Accepted:	Activities / Precautions	Lifting	Grípping 🗌	Reaching: Select one of the values	Precautions discussed with Worker:	Source of Precautions:	Details of above Precautions:	Pushing / Pulling - not against resistance; no repetitive movements Handling - no heavy weights (i.e. 10kg+)	V	NCM Name:	Telephone Number:	

FIGURE 13 ERRAL RETRIEVE LIAR REFERRAL RETRIEVE LIAR PACKAGE LOGIC EXCEPTIONS MANAGEMENT LIAR PLAN MANAGEMENT CLAIR 1 PAYMENT INCLIRY	S VEWPLOYMENT PROFILE V PHYSICAL PRECAUTIONS Y REFERRAL DETAILS (LMR PROVIDER DETAILS	Referral ID: 1111 Referral Status: Pending Date Sent: Date Accepted: Claim #: 1045 Worker Name (first): Sarah Date Accepted: Oatle 0f Accident: 04 / 04 / 2000 (mm / dd / yyyy)	LMR Assessment Required: ☑ French Services: ☐ Warning: ☐ Relevant Legislation: Bill 99	dditional Details: ESRTW Outcome: -Adj. contacted employer to arrange modified work on 2 Aug 00 -Adj. contacted employer to arrange modified work on 2 Aug 00 -A/E unable to accommodate working during preformances; Advised of LMR referral. A/E understood	ormation : Name : Mat Hosì Desk ID : MF001 Office : Small Business	SAVE SUBMIT (EXIT) (PRINT VIEW)
CREATE LAIP REFERRAL PRETRIEVE LAIR REFERRA	WORKER DETAILS EMPLOYA	Referral ID: Referral Status: F Date Sent: Date Accepted:	LMR Assessment Required: French Services: Warning: Referral discussed with worker:	Additional Details: ESHTW Outcome: -Adj. contacted employer -A/E unable to accommod	Adjudicator Information : Name Desk IE	

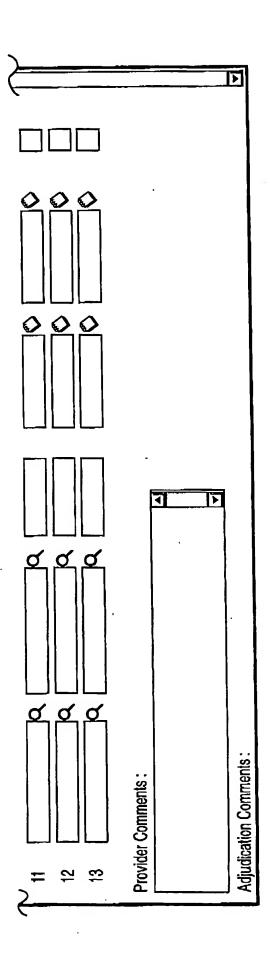
					_
PBAS HONE EXCEPTIONS MANAGEMENT LIMB PLAY MANAGEMENT CLAIM / PAYMENT INQUIRY IFAL DETAILS LIMB PROVIDER DETAILS	Claim #: 1045 Worker Name (last): Sing Worker Name (lirst): Sarah Date of Accident: 04 / 04 / 2000 (mm / dd / yyyy)	Case Manager Tel : Fax :		T PRINT VIEW	
CREATE LAR REFERRAL RETERRAL RETRIEVE LAR PACKAGE PRAS KOME EXCEPTIONS MANAGENENT WORKER DETAILS	Referral ID: 1112 Referral Status: Pending Date Sent: Date Accepted:	Name Provider: nrcs Case Manager Name (last): Case Manager Name (first):	LMR Package Target Due Date: (30 Days After Referral Acceptance) LMR Package Proposed Due Date: Explanation for Due Date Revision:	EDIT SUBMIT EXIT	

User Logs Indo System User selects viewledit plan System displays Sields Soc Claim Number, Worker First Name and Worler Last Name User enters Number andor Name User issues Search command System searches and validates claim number System displays results System displays Sields

O DIPSI -	TURNET CARRE
WEW NOTIFICATIONS RETRIEVE UMR REFERRAL RETRIEVE	RETRIEVE LIAR PACKAGE
PLAN HEADER PLAN DETAIL ASSESSMENT CEW	VIEW PAYMENTS
Plan ID: 1112_1	Claim #: 1045
Plan Status: Pending	Worker Name (last): Sing
Date Submitted:	Worker Name (first): Sarah
(mm / dd / ysysy)	Date of Birth: 06 / 10 / 1971
(min / dd / yyyy)	Date of Accident: 04 / 04 / 2000
Provider: nrcs	Case Manager Telephone: 905-222-1123
Case Manager (last) : Short	Fax:
Case Manager (last): Fern	
Pre-Injury Noc: 121	Weekly WSIB Benefit Payments: \$
Pre-Injury Job Title: Clerical Supervisors	Gross Escalated Pre Accident Earnings:
Pre-Injury Hourly Wage: \$ 10.00	Pre-90 Target Wage: \$
Pre-Injury Hours per Week: 40.00	
SEB (NOC) Code : [145	SEB Hourly Wage: \$ 8.97
SEB: Library, Corresponden	SEB Hours per Week: 40
Plan Start Date:	Adjudicator Desk: MF001
Plan End Date:	Total Plan Cost: \$
SAVE SUBMIT	EXIT PRINT VIEW

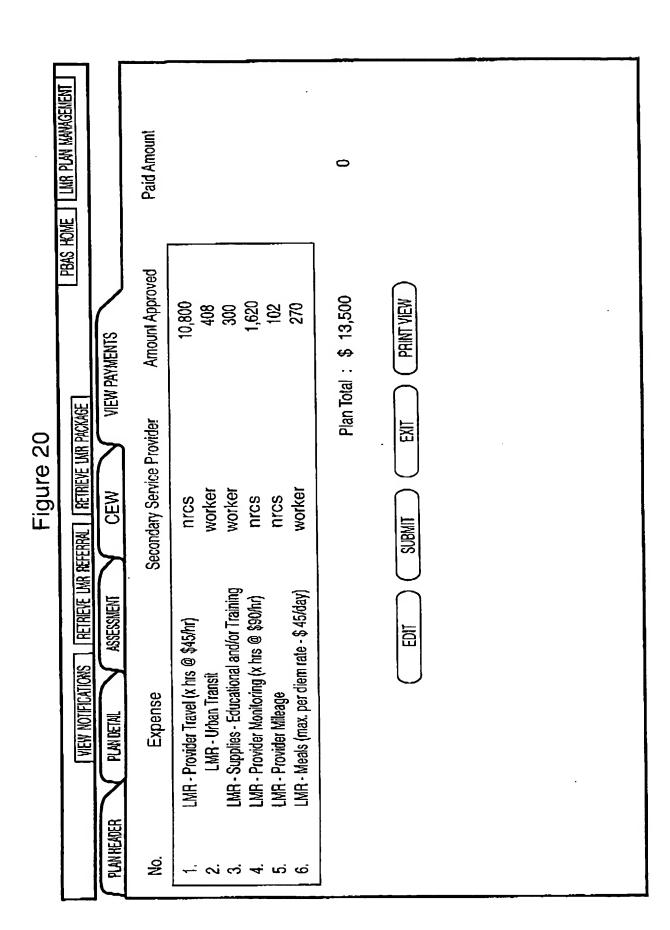
								₹									गरा
	AN IMANAGEMENT					0	Delete										
	PBAS HOME LIME PLAN MANAGEMENT		1045	Sing	Sarah	04 / 04 / 2000 End Data :	(mm/dd/yyyy)	04/13/2001	04/13/2001	04/13/2001	04/13/2001	04/13/2001	04/13/2001	0			
A	MOKAGE	VIEW PAYMENTS	Claim #:	Worker Name (last):	Worker Name (lirst):	:: ::	(mm / dd / yyyy)	10/23/2000	10/23/2000	10/23/2000	10/23/2000	10/23/2000	10/23/2000		0		
Figure 17A	PAL PETPIEVE LAR PACKAGE	CEW					Amount (\$)	10800.00	408.00	300.00	1620.00	102.00	270.00				
	TIONS RETREVE LAR REFERRAL	ASSESSMENT		0	_	O	SSP	nrcs	worker	worker	nrcs	nrcs	worker Q	0	δ 	0	0
	VIEW NOTIFICATIONS	PLANDETAL	Pending	23/10/2000	13/04/2001	\$ 27000.00	Expense	LMR-Provider Travel (x)	LMR-Urban Transit	MR-Supplies - Educated	MR-Provider Monitorin	LMR-Provider Mileage	LMR-Meals (maxper cl	8	6	8	0
		PLANHEADER	Plan Status:	Plan Start Date:	Plan End Date: (mm / dd / yyyy)	Total Plan Cost:	No. Ex	1 LMR-Pro	2 LMR-Urb	3 LMR-Sur	4 LMR-Pro	5 LMR-Pro	6 LMR-Me.	7	8	6	10

Figure 17B



1	HOATIONS PETRIEVE LAR REFERRAL RETRIEVE LAR PACKAGE	ASSESSIAENT CEW VIEW PAYMENTS	Pending Claim #:	23/10/2000 Worker Name (last): Sing	13/04/2001 Worker Name (first) ;	\$ 27000.00 (mm / dd / yyyy)	ext one of the values		1		
	WEW NOTHECATIONS RETRIEV	PLAN DETAIL ASSESSMEN	Pendi	23/10/2	13/04/2		Select one of the values				Browse
		PLAN HEADER P	Plan Status:	Plan Start Date: (mm / dd / yyyy)	Plan End Date: (mm / dd / yyyy)	Total Plan Cost:	Level of Assessment:	Assessment Detail:		Attachmonts .	Ī

PBAS HOKE PRINT VIEW VIEW PAYMENTS Cost if No LMR: \$ 446,313.17 All Projected LMR Plan Costs: \$ 631,357.04 GRAND TOTAL: \$ 693,637.04 Projected Yearly Benefits: \$ 17,537.7 Years of Projected Benefits After Completion of LMR Plan: 36 Projected Weekly Benefits: \$ 337.26 All Projected LMR Plan Costs: \$ 54,000 \$ 1,356 Projected Benefit Costs During LMR Plan: \$ 8,280 \$ 600 I RETRIEVE LAIP PACKAGE EXI Figure 19 Travel Related: Miscellaneous: Assessments / Evaluations: Provider Related: Supplies and Equipment: Education / Training: Support Services: CEW SUBMIT RETRIEVE UNA REFERRAL ASSESSMENT VIEW NOTIFICATIONS PLANDETAIL PLANE EDGER



Labour Management 24 Agency PSP Request for Plan 15. Actuals leport 322 Determine latest approved plan 1 324 Find all paid bills + 326 Align bills with plan 1 328 Display Report 330

Plan Budget vs Actuals Mock-Up

Effects dates: 07/06/2002 to open	one: 416-3	44-2508	Service duration i Adjudicator: Scot Transferred from	354 Version 2 Status approved rom 01/02/2002 to 08/24/2005 r Buj cya Phone: 416-344-2506 : Crawford Lecstion: Windsor Tree	dje Dak:	04/02/2003
Code Name	Dodgel		Name	Effective Delo — Sair End States Rass (mm/d0yyyy)	Actualis	Bahace
Appared						
JZD LIMR Paydo-Nocational Evaluation		123066779 (234 Mais St	Crewfard Windsor	01wtm	51,080,DO	
		Wistor, O	NAW-IB	Sahoai	\$1,000.00	
Bay design with a court						
1 10 LMR — College Taiba and Related		3130689	Cougin Colegeo (App nobay 6 Ourgin Lan	biat cd /01/2000 -07 th 07200 S ex steem \$ 8, 495 th	0 5000	22~20日
		Barrie, CN 333456789 29 Sicarente	BMM4 G7 Windsgrællige : A.	01/22/2022-04/22/2030 pm \$9.500.0		
		Barrie, CN 333456789 29 Sicarente	B4144 G7 WindsarCollege	01/22/02/404/22/2000 pm1 \$9,500.0	ಯ ಕ್ರಾಂಡ್ರ್ಯ ೧	\$ L <65.00
Service Total Service Total Training	CD 2005, 01 Z	Barle, CN 33345 <i>67</i> 89 29 Sicreta Windows, Cl	Bei McC7 Winds or Or Nog v : St. NWSW-1 CB Non ben Lights		0 \$2,005.00 \$2,005.00	\$4,≪5.00 \$1,600,00
		Barle, CN 333456789 29 Sicreta Windows, Cl 123455779	BANA (77 Windsor College : St. NWSW-1 (26 Norden Lights St.	01/22/202-04/27/2000 pm \$9,500.0 01/22/202-07/20/2000 dataset \$1,500.0 07/20/2005 08/26/2000 dataset \$1,500.0	27.002.00 27.002.00 0 25.003.00	\$1,600,00
170 LMR -Job Seasch Training Service Buil	00.003,01.2 00.003,12	Barle, CN 53,466769 29 Sicurate Windoot, CR 12,245,5779 2434 Main B Barrico, CN 77777769 200 Frant S	ENNAC Mindow Cight 19 North Cight 10	01.022.002.404.02.250.00 pm \$9.500.00 01.022.002.404.02.250.00	27.002.00 27.002.00 27.002.00	\$1,600,00
170 LMR -Job Scient Training		Barrie, CN 333456789 20 Sicwella Windrot, CR 123455779 2434 Main E Barrier, CN 77777789 200 Frant S 70 remb, CP 57 remb, CP 57 remb, CP 57 remb, CP 57 remb, CP 57 remb, CP	Bellei (7) Winburt Dillige E B N WHW - CB N Dillige E B BB - E B Worker L H M V - JII Throi U	01/22/202-04/27/2020 pp \$9,500.0 01/22/202-07/30/2020 07/30/2023-07/30/2020 fabric \$1,500.0	27.002.00 27.002.00 27.002.00	\$1,600,00 \$1,600,00 \$1,777.50

Page 1 - Draß at 0 (25A0 200)

Plan Budget vs Actuals Mock-Up

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Code Name	Doge	Code Addres	Name	Ser Ead (moiddyyyy)	Sum	Bas	Actuals	Bahace
ZOD LMR – Torbooks		Applied Att	Gorgia Collegen f & Teleschy Bodewer Lanc Basic, ON B44-1 G		क्यका	\$1,683.77	\$0.00	\$1,683.77
		50 Potter's 1 Barrie, CN		@/@ <i>2</i> 004-06 <i>/9</i> 6/2004	Lune	5wa	\$0.00	\$500.00
		Dollon,	Windor Orlings Campus B Sicamont St. N. WSW-1GG	0 NOT 5 COD -04 TO 5 TO GO	batt	\$2,190 <i>0</i> 0	23 04 28	
		77777789 200 Fmar St Taron D. Of	Woker		outpo-	uled.	226.00	
Service Total	\$2,716.00			01/02/2003-07/00/2005			2230.28	32.185 77
215 DAP-Supplie-educational and or tabi		Bookson,	Windor College Campus 9 Sicamore St. N W5W-1G6		pæi	\$ 1,000.00		-4
		7/7/7/7/19 200 Familio Taranti, CP	Worker	99/11/2002-09/11/2002	pul	22400	\$25.30	
Service Total	\$102.87	2,42,6		01/02/2002/2003			\$102.67	50.00
220 LAR - Camputer Humbert		7/77/7789 200 Fact 5 Totale, Of	Wek <i>a</i>	09/07 <i>2</i> 002-05 <i>2</i> 1/2003	CLEAGUE	\$1,600,00		\$136,00
Survice Total	\$1,600,00			09/03/2002-05/27/2005			51.463.95	\$136.05
240 LMR-WortplaceMedification Supplies	•4	77777789 200 Frant St Tokano, ON	Ψokα L	01\corosci-ce&1\coros	mpcsi	212000		XI 50 C
Service Total	5150.00			01/02/2002/405 <i>ETT (2</i> 005			\$0.00	\$150.00
400 LMP-Province manipular		2434 Main S	Northern Lights it	04/B 2 0/B -08 2 4/2005	CO ITTON 1	\$9,£05,00		\$0,055.00
		254 Mais 51	Crawad What	01/02 <i>0</i> 0002-04/02/2003	pas	\$11 <i>\$</i> 10 <i>5</i> 0	\$2,915.00	
4 1 5 -		Windows, Q	A M2M-) EP	A1 WA A4 (F) A4 (F)				0.40.00
Service Bul :	11,970.00			01/02/2002/08/24/2005			£3,911.00	\$ 150.D

Page 2 - Draft # of 25 Ap 2003

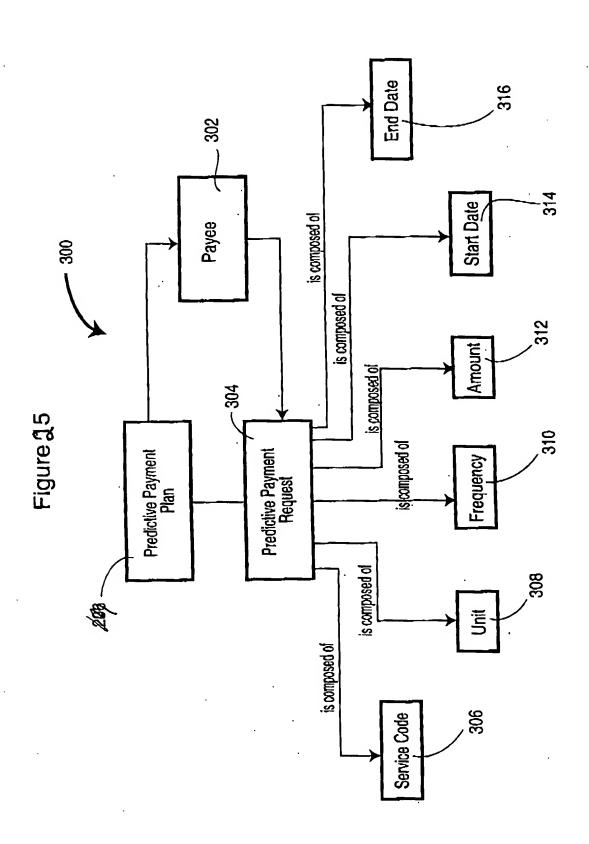
Plan Budget vs Actuals Mock-Up

- Sovice		Provider	— - Edade Data —			
Code Name	Budget	Ode Name Aldros	Shri End Sia (ww/do/yyy)	ue fi es	Actoria	Palang
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Soviet Total 9) LNR-Microlandas Expense Other	3 1,000 <i>0</i> 0	1234 6779 Crowled Wider 254 Main St Window, CNWSW-IBS	01/@#XXQ-04/E/XXX3 p# 08/19/20@-04/E/XXX3 p#	00.06\$	\$0,000 00.05	10,0
Service Total .	50,00		OS/19/2002-04/22/2003		\$0.00	\$0.0
			Subton	1 D4 # D #7	X10,017.60	54,40
Other payments haved						
- Service		Ode Name Address	- — Sovice Dates — Sam Led (mm/dd/yyy)		Acimis	
230 LMR = Industrial Clothing		77777789 Warker 200 Final St Tandan, CTN M5 VI.II			slæw	
		BED (0.1 NO 12.1	Substal		2108.00	
		TOTALS Assessment total		ass	Acomiz 31,080.00	
		Plan Dudget with ac Other paymore dus Overall Tour		D441927	\$10,007.60 \$100.00 \$11,197.60	\$244E
		Assessment (orbs) First Dudger with acc Other paymons and			\$1,080.D0 \$10,017.60 \$100.00	

Page 3 -Dont at a (25A)@003

Figure 24.

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My Computer Remove **Вето** Remove Amount Amount Amount ď All Payee All Payee All Payee SEARCH PREDICTIVE PLAN Figure 26 Payee Payee Payee Units Unils Units MODIFY PREDICTIVE PLAN Payment End Date Payment End Date Payment End Date Yearly 💌 RATIONALE Yearly Yearly Fred Freq Freq CREATE PREDICTIVE PLAN Payment Slart Dale 8620-1LA 🗐 Q 8620-11A 🗐 Q 8620-1LA 🕙 🗬 PAYMENT DETAILS Paymenl Starl Date Payment Start Date Service Code Service Code Service Code PLAN HEADER Status 1. Pending Status Pending Pending Status Done Done د/ က

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